PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

'Application or Docket Number

119,0016

(Column 1) (Column 2)							_	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		· 0			X\$ 9=		OR	X\$18=	0
INDEPENDENT CLAIMS					* /			X42=		OR	X84=	84
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT		-				·			
* If the difference in column 1 is less than zero, enter "0" in column								+140=	_	OR	+280=	0 894
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL OTHER	
4	(Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A	,)	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9	Minus	*	\mathcal{X}	2 (X\$ 9=		OR	X\$18=	
	Independent	· 5	Minus	***		=]		X42=	•	OR	X8 4 ⊨	AM
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL ADDIT, FEE		OB	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								NUUII. PEE I			ADDII. PEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		•		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=] [X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		┚┟	+140=		OR	+280=	
							L	TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3								NDDIT. FEE		Jon	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1 [X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=]	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	TCLAIM		┚┟					
		mn 1 is less than th					L	+140= TOTAL	_	OR	+280= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE THE "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

PTO/SEA17 (12 ON/2) Approved for use through 67/31/2003. OMB 0651-0032 (addemant Ontoo; U.S. DEPARTMENT OF COMMERCE

Under the Panamente Reduction And of 1895 no negrouse are equitard to resumed to a collection of information unless to disclove a satisf CMR content curries.											
Effective on 12 Fees pursuant to the Consolidated App	Complete If Known										
	Application Number 1		10/833,734								
FEE TRAN	Filing Date		August 4, 2003								
For FY	First Named Inventor Lindh		indhalm, Eric	holm, Eric A.							
Applicant claims small entity s	tatus. Sen 37 CER	27	Examiner Name		Edwards, Laura Estelle						
	Art Linit		1734								
TOTAL AMOUNT OF PAYMENT	Attorney Docks										
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Moncy Order None Other (please identify):											
Deposit Account Deposit Account Name Futukewa Elco, No. Amer.											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing for											
Charge any additional fee(s) or underpayments of fee(s)											
WARNING: Information on this form may become public. Gradit card information should not be included on this form. Provide cardit card											
Information and authorization on PTO-2018.											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES											
Application Type Fee (Small Entity D Fee (5)	Pop (\$	Small Entity Ecc.(5)	Eee (Small Frith Fee (\$)	Eees Pald (S)				
Utility 300	150	500	250	200	100						
Design 200	100	100	50	130	65						
Plant 200	100	300	150	160	80						
Reissue 300	150	500	250	600	300						
Provisional 200	100	0	0	0	0						
2. EXCESS CLAIM FFFR Fee Description Bach claim over 20 (including Reissues) Bach independent claim over 3 (including Reissues) Multiple dependent claims Small Entity Fee (5) Fee (5) 25 20 100 180											
Total Claims Extra C	Haima Fee (\$)	Foo	Paid (6)			Dependent Claims	. 1				
- 20 or HP =	_ ^				Fcc (\$						
HP = highest number of total claims pur <u>finders. Claims</u> Extra C 	Paid (\$)				-						
HP a highest number of independent delins paid for. if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheats of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(a)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Intel Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$1 Fee Paid (\$) (round up to a whole number) x											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge):											
MIRMITTED BY											
ignature (Aura)	Okin	<u></u>	Registration No. 3	2,250	Telep	hone 732 625 0674	373				
lame (Print/Type) Dantel Kim			manifest property (1911)			April 25, 2005	90				
This collection of information is required by iSPTO to process) an application. Confide	7 CFR 1.136. The info	meton to n	equired to obtain or r 2 and 37 CFR 1 14	retain a ben Title corre	all to a distance						

including gathering, preparing, and submitting the completed explication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this turden, should be sent to the Chief Information Officer, U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.

ADDRESS. BEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22213-1450.

If you need essistance in completing the form, call 1-800-P70-9199 and select option 2.

PAGE 2714 * RCVD AT 4/25/2005 4:31:45 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/4 * DHIS:3729305 * CSID:732 333 4392 * DURATION (mm-ss):03-60 //11/2005 TLOVELAC 00000001 502074 10633734

1e Ref: 00000001 DA#: 502074 10633734

FC: 1201 200.00 DA

05/11/2005 TLUVELAC 00000001 502074 10633734 Sale Ref: 00000001 DA#: 502074 10633734 01 FC:1201 200.00 DA